

EMPLOYER VERIFICATION OF EARNINGS

____ TO BE COMPLETED BY THE EMPLOYER ____

EMPLOYEE, Please return this **original (not a copy)** form to
State of Wisconsin, P.O. Box 6530, Madison, WI 53716-0530 by : 05/16/2004

EMPLOYER INFORMATION

EMPLOYMENT INC.
123 FIRST STREET
MADISON WI 53434-2837
FEIN: 9876543210
FAX: (608)123-4567

EMPLOYEE INFORMATION

JOHN SMITH
456 SECOND STREET
MADISON WI 45232-8102

SSN: 123123123

We require employment and wage information concerning the employee named above. This form will be scanned.
Please complete this form using **blue or black** ink and return to the employee. If you have questions, please call
JANE JONES at (608)987-6543. Thank you for your cooperation.

EMPLOYMENT INFORMATION

Is the employee listed above currently employed by your company? ☐ Yes ☐ No
If "No", Indicate employment end date _____ (MM/DD/YY)
Reason employment ended ☐ Never Employed ☐ Laid Off ☐ Quit ☐ Strike ☐ Fired ☐ Other
Date of last paycheck _____ (MM/DD/YY)
If "Yes", Start date of employment _____ (MM/DD/YY)
Date first paycheck received _____ (MM/DD/YY)

WAGE INFORMATION

Please provide an estimate of the following wage information for the next 30 days.

Frequency of pay ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly ☐ Irregular

Type of pay	Average hours per pay period	Rate of pay per hour	Gross Pay per Pay Period
Regular	_____	\$ _____	
Holiday Pay	_____	\$ _____	
Other Shift Pay	_____	\$ _____	
Overtime Pay	_____	\$ _____	
Weekend Pay	_____	\$ _____	
Other Pay Type	_____	\$ _____	
Salary	_____		\$ _____
Bonus & Commissions	_____		\$ _____
Cash Tips	_____		\$ _____

Signature of the Employer / Designee: _____	Date: _____
Title: _____	Tel: _____
Email: _____	FAX: _____

For Office use only

Case	4102036741	PIN	7501559279	Emp-Seq	005	Conf	N
Trg-Dt	041904	Due-Dt	051604	Wkr-Id	JX1234	Form	E